

**Office of Administration**  
**Commissioner's Office**

**REIMBURSEMENT REQUEST FOR OTHER SERVICES**

Program: **Alternatives to Abortion**

Contractor: Alliance for Life

Subcontractor: Pregnancy Care Center

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name \_\_\_\_\_ Date Enrolled \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
4-10-17	4 tires including valve stems, disposal, and state tire tax	\$310.00	[REDACTED] has been and A2A client since 1-16. She has completed numerous classes and has followed through on appointments and requirements of the A2A program. She is in need of 4 new tires on her [REDACTED] so she can safely and reliably get to work, and classes. One tire has a large bulge and the others are almost bald. There are no other funding sources to assist with this expense.
	Labor	\$58.00	
Amt to be reimbursed		\$368.00	

*The following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

Authorized person requesting purchase: Janet Doss

Alliance for Life Program Manager: Carrie Hoelscher

Purchase is Approved ☐ Denied ☐ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

